GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO:88
ANSWERED ON:21.11.2007
ERADICATION OF POLIO
Murmu Shri Hemlal;Rao Shri Sambasiva Rayapati

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any study has been conducted about the effectiveness of the Polio Immunisation Programme that has been undertaken throughout the country:

(b) if so, the details thereof alongwith the names of States where the programme is not effective; and

(c) the steps taken to have a special focus on the problem States?

Answer

MINISTER OF THE STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS)

(a)to(c): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 88 FOR 21ST NOVEMBER, 2007

(a)&(b): Yes Sir, the Indian Council of Medical Research (ICMR) is working closely with the Government of Uttar Pradesh (UP) and National Polio Surveillance Project (NPSP) to work out strategies for polio eradication in UP. Several rounds of OPV vaccination campaigns with monovalent and trivalent vaccines have been carried out in UP in 2006 and 2007. Understanding the level of immunity or areas where immunity gaps persisted despite vaccination campaigns, is crucial to the success of polio eradication in UP.

Entrovirus Research Centre (ERC) of ICMR has been closely analyzing the available data in collaboration with NPSP and other experts. ICMR is taking up two studies to evaluate population immunity (to understand immunity gaps) :

1) determine prevalence of poliovirus antibodies in children in Moradabad district and

2) determine prevalence of poliovirus antibodies in non-polio AFP cases in children up to 5 years in 24 districts of Western UP.

The studies are being funded by the Government of India with logistic support from UP Government and NPSP. ICMR is coordinating the studies and Entrovirus Research Centre (ERC) of ICMR will carry out testing of samples. Results of the study on prevalence of antibodies in children of two different age groups in Moradabad district will be available in about 6 months. The first study has been initiated with effect from 1st November, 2007, with technical and logistic support from National Polio Surveillance Project (NPSP) and the Government of Uttar Pradesh.

The annual strategy for polio eradication is decided on the basis of the recommendation of the Indian Expert Advisory Group (IEAG) consisting of National experts and International experts from World Health Organization (WHO), United Nation's Children Fund (UNICEF), Centre for Diseases Control (CDC) Atlanta. The IEAG reviews the polio epidemiological situation two times a year and recommend the suitable strategies for the country. The National Polio Surveillance Project (NPSP) of WHO provides technical support for high quality Acute Flaccid Paralysis (AFP) surveillance and assists the Government in microplanning, training and monitoring of polio immunization campaign.

Polio Immunization Programme has been effective in all States of India as polio transmission was stopped in 33 of the 35 states/ UTs after the initiation of the programme. It is taking more time in UP and Bihar to achieve zero transmission due to factors like high population density and poor sanitation. In order to achieve the goal of zero transmission at the earliest, the strategy in UP and Bihar has been modified to have greater number of polio immunization campaigns with monovalent vaccine type 1 (mOPV 1) which has better efficacy against type I poliovirus than the trivalent vaccine (tOPV) being used earlier as per recommendation of IEAG. As a result of this strategy, there has been a significant decline in the number of cases caused by the most virulent strain of poliovirus type 1 (P1). The endemic region of western Uttar Pradesh has reported only five type 1 polio cases this year. The core districts of Moradabad and J P Nagar, the epicenter of the outbreak last year, have not had a single case of P1 for the last one year.

The number of cases caused by other surviving strain of Poliovirus Type 3 (P3) has risen this year. This rise is consistent with the immunization strategy recommended by the IEAG focusing on Polio Type 1 virus through the use of more efficacious monovalent type 1 polio vaccine since April, 2005. The immunization strategy has been focusing on curtailing Polio Type 1 virus and keeping Polio Type 3 virus in check because P1 circulates more widely, has been responsible for international spread and has the propensity to cause large outbreaks.

(c) Increased programmatic focus has been given to the endemic & vulnerable States of UP and Bihar for ensuring highest quality of Supplementary Immunization Activity (SIAs). The following actions have been taken in these states :-

9 supplementary Immunization rounds have been implemented in endemic State of UP and Bihar between January and October 2007. One more round is planned to be implemented in these states in November/ December 2007.
Monovalent Oral Polio Vaccines which are more effective than trivalent vaccines are being used in these States.
Involvement of religious leaders, Panchayats and celebrities for community awareness and mobilization of the community for accepting vaccination.
Involvement of Accredited Social Health Activist (ASHA) and Anganwadi workers in the vaccination teams for mobilizing and administering polio drops to the children.
Increased deployment of community mobilization coordinators in Western UP for mobilization and participation of the community.
Focusing on the most vulnerable younger children. Newborns are being tracked in endemic states of UP and Bihar and followed up for immunisation in every campaign.
Immunizing children in transit and of migratory population:

a. All major transit points have been identified and are being covered by transit teams with sufficient vaccinators working in shifts and round the clock wherever necessary.

b. Vaccination is carried out at major congregations and fairs (melas), haats & bazaars. Trains linking endemic area with other parts of the country identified for vaccination in moving trains. 450 teams are deployed in running trains in addition to the teams at the railway platforms.